



QUEENSLAND HEALTH

Waiting
List
Reduction
Strategy

Report from the
SURGICAL ACCESS TEAM
for the month of

December 1998

PROJECT MANAGEMENT

Consultation

- The **Clinical Advisory Committee**, made up of representatives from the major medical and nursing colleges and associations, continues to meet monthly and provide strategic clinical direction to the Surgical Access Team.
- **Emergency Services**
 - The Surgical Access Team met with the **Emergency Services Specialist Advisory Panel** to brief the Panel of the funding allocations that were approved for medical staffing positions in emergency department.
- The **Clinical Best Practice Outpatients Working Party** met in early December to finalise the draft *Guidelines for the Management for Specialty Outpatient Clinic Waiting Lists*.
- A **schedule of visits to District Health Services** was planned to commence in December 1998 but were delayed due to annual leave commitments. A presentation is planned that will address management and clinical staff on the elements of the *Waiting List Reduction Strategy* and the priorities of the Government in this area.

Communications

No articles were submitted to *Healthmatters* December.

FUNDING & INCENTIVES

Funding for Extra Elective Surgery

Analysis of the first quarter of elective surgery activity was not progressed in December. Information received from the *Queensland Hospital Admitted Patient Data Collection* (QHAPDC) is not reliable. It is anticipated that this information will now be available in February/March. A detailed Brief has been prepared outlining the issues related to the unavailability of this data.

Funding for Emergency Departments

Districts have been notified of the funding allocation for the medical staffing component of the Emergency Services Strategy.

Funding for Enhanced Day Surgery

The minimum day surgery target of 50% has been identified in the *Elective Surgery Funding Arrangements in 1998/99*. Due to the unavailability of QHAPDC the review of day surgery rates is not currently possible and therefore Districts that have not demonstrated progress towards the target can not be identified.

WORKFORCE STRATEGIES

The project officer for the Medical Workforce Project will commence in the near future.

INFORMATION MANAGEMENT

- The Surgical Access Team in conjunction with the Data Services Unit and Corporate Information Systems Unit (CISU) have specified changes to the Queensland Hospital Admitted Patient Data Collection for 1 July 1999. At this stage, additional fields will be added to identify the date a patient attends a pre-admission clinic and the planned procedure date.
- After discussions with the Corporate Office Systems Support Unit (COSSU), an agreement has been reached to allow the Surgical Access Team UNIX space to develop a new database containing hospital morbidity data. This database will be an 'ORACLE' database in line with the departmental standard. With the support provided by COSSU, the surgical access team anticipates a more efficient database.
- The Australian Institute of Health and Welfare (AIHW) requested final comments on the draft national waiting times publication. The Surgical Access Team provided comments on the draft publication. The AIHW expect that the publication will be available early in 1999.
- Census data for 1997/98 has been prepared for the AIHW. This data will be forwarded to the AIHW as requested in the National Health Information Agreement. The data will be analysed and included in future national waiting times reports.

PERFORMANCE REPORTING

The **total number** of patients on the waiting lists of the 33 hospitals decreased from 37,418 to 37,220 (-198) from 1 December 1998 to 1 January 1999.

Date	Category 1		Category 2		Category 3		All Categories	
	'long waits'	Total	'long waits'	Total	'long waits'	Total	'long waits'	Total
1 Jul 98	12	1285	981	9243	7399	25732	8392	36260
1 Aug 98	18	1316	1069	9511	7261	25379	8348	36206
1 Sep 98	42	1368	1355	9621	7099	25356	8496	36345
1 Oct 98	29	1441	1462	9960	7164	25538	8622	36939
1 Nov 98	44	1621	1594	10109	7196	25557	8834	37287
1 Dec 98	42	1502	1682	10119	7354	25797	9078	37418
1 Jan 99	22	964	1887	10244	7312	26012	9221	37220

The number of 'long wait' Category 2s increased by 205 from 1 December 1998 to 1 January 1999. The number of 'long wait' Category 3s decreased by 42 from 1 December 1998 to 1 January 1999.

Category 1

At 1 January 1999, the proportion of Category 1 patients waiting longer than 30 days for surgery was **2.3%** (cf. 2.8% at 1 December 1998). Four hospitals reported more than 5% - Kirwan Hospital for Women (11.5% - 3 patients), Mater Children's (11.1% - 1 patients), Redland (25% - 2 patients) and the Royal Children's Hospital (11.1% - 3 patients).

Category 2

At 1 January 1998, the proportion of Category 2 patients waiting longer than 90 days for surgery was **18.4%** (cf. 16.6% at 1 December 1998). A number of hospitals reported significant increases in the number of 'long wait' Category 2 patients and consequent increases in the proportion of 'long wait' patients - Bundaberg (increase of 33 'long waits', 25.2%) Gold Coast (increase of 88 'long waits', 47.3%), the Princess Alexandra (increase of 34 'long waits', 20.2%) and The Prince Charles Hospital (increase of 42 'long Waits', 38.1%).

Category 3

At 1 January 1999, the proportion of Category 3 patients waiting longer than 1 year for surgery was **28.1%** (cf. 28.5% at 1 December 1998).

Throughput

Total throughput in December 1998 was 8,221 elective surgery admissions, a decrease (-2,283) from the 10,504 admissions reported for November 1998. There were 99 less admissions in December 1998 compared to December 1997 (8,320).

Note: Admissions reported through the Elective Admissions System should be considered preliminary. Final activity levels will be determined by the Queensland Hospital Admitted Patient Data Collection.

Summary Information for 1997

A spreadsheet has been prepared for quick reference of percent 'long waits' compared with the same month last year for each hospital. A similar spreadsheet has been prepared for admissions by urgency Category by hospital and comparing the year-to-date for 1996/97, 1997/98 and 1998/99 (See Attachments).

CLINICAL BEST PRACTICE

The Clinical Advisory Committee (CAC) met on 8 December 1998.

The committee discussed the importance of effective and useful communication with General Practitioners. The identification of outpatient clinic waiting times was considered a priority. Other areas identified for as priority areas in 1999 were:

- The continued development of strategies to achieve waiting list and day surgery targets
- The development and implementation of the *Guidelines for the Management of Specialty Outpatient Clinic Waiting Lists*
- Improved integrity with respect to surgical, emergency and outpatient data
- The development of strategies and protocols to address the transfer of patients between districts, and
- The promotion of best practice initiatives in outpatients and emergency medicine.

Quarterly Briefings to General Practitioners.

Detailed briefings are being prepared for the *Divisions of General Practice Newsletters*. These briefings will include waiting list information for the hospitals relevant to each Division. The release of this information will enhance the publication of the quarterly *Elective Surgery Waiting List Report*. They will also be used to highlight other aspects of the *Waiting List Reduction Strategy* such as the development of the *Guidelines for the Management of Outpatient Waiting Lists*.

HEALTH SYSTEM DEVELOPMENT

Specialist Outpatient Services

- The Clinical Best Practice Outpatients Working Party met in December to finalise the draft *Guidelines for the Management of Specialty Outpatient Clinic Waiting Lists*. The key components of the guidelines are data definitions, urgency categorisation system and standardised appointment allocation procedures. The draft *Guidelines* have been distributed to reporting hospitals and the Divisions of General Practice for comment. The Working Party will reconvene in mid-February to review feedback received.
- Clinic types and groupings have been reassessed and a revised electronic form and database have been developed to improve data reliability and streamline the reporting of OPD waiting list information. This has been achieved by identifying the clinic types and grouping them in line with corporate reporting requirements while maintaining local level data integrity.
- In order to provide a throughput context to the waiting times provided by the hospital, the Surgical Access Team has requested that the hospitals provide details of specialty OPD clinic attendance for 1999. Specifically the information requested relates to the average number of sessions per month, new cases per session and review cases per session.

Emergency Services

- Approval has been received from the Deputy Director-General (Health Services) for 18 medical positions at the following sites. Funding for medical staffing positions in emergency departments has been distributed to the districts.

Bundaberg Hospital	\$80,000
Gold Coast Hospital	\$140,000
Mackay	\$100,000
Mt Isa	\$100,000
Rockhampton	\$170,000 (One year contract with RFDS)
	\$70,000
Toowoomba	\$100,000
Cairns Hospital	\$70,000
Ipswich Hospital	\$70,000
Logan Hospital	\$70,000
Nambour Hospital	\$70,000
Princess Alexandra Hospital	\$70,000
Redcliffe Hospital	\$70,000
Royal Brisbane Hospital	\$70,000
Royal Children's Hospital	\$70,000
Townsville Hospital	<u>\$70,000</u>
GRAND TOTAL	\$1,390,000

- Approval has been received for the "Sketch Proposal" to initiate a project for the implementation of an emergency department information system into Cairns, Toowoomba and Redcliffe hospitals. Options for the progression of this implementation are under consideration.
- The Emergency Department Profiles have been returned to facilities for review and comment.
- Facilities have been requested to supply waiting times per triage category and the number of patients seen within the recommended time for the month of January. The first collection date is 3 February 1999.

HOSPITAL SUPPORT AND LIAISON

Medical Superintendents Advisory Committee met on 11 December 1998.

The Director-General and the Deputy Director-General (Health Services) attended the meeting. The Director-General requested that Medical Superintendents continue to strive to achieve the Governments goals in relation to the *Waiting List Reduction Strategy*.

In addition to the above Medical Superintendents were advised that budget integrity remained the highest priority. It was also requested that Medical Superintendents ensure that building requests under the redevelopment program are appropriate.

The committee welcomed the allocation of funding for emergency specialists. However some members were concerned that additional emergency medical staff would not improve access block. The committee discussed focus areas for 1999.

Elective Surgery Coordinators met on 4 December 1998.

The outcomes of this meeting include:

- The Director-General addressed the elective surgery coordinators in relation to continuing to improve elective surgery services within their respective hospitals. The Director-General requested that Elective Surgery Coordinators (ESCs) continue to monitor 'long wait' targets.
- ESCs advised the Director-General on issues pertaining to the maintenance of 'long wait' Category 1 and Category 2 patients.
- ESCs are continuing to implement strategies to address elective surgery targets. A small working group is being established to review the *Guidelines for the Management of Waiting Lists (Elective Surgery)*.
- ESCs are implementing processes to ensure that elective surgery activity is recorded accurately within their hospitals. Additionally the Surgical Access Team is working with ESCs to achieve consistency across hospitals.
- ESCs will be contacting their District Managers and Medical Superintendents to discuss elective surgery issues. The committee has identified a number of common issues that they can present for discussion.

ORMIS SUPPORT and THEATRE UTILISATION

Software Issues

- The testing of the ORMIS V.5 is scheduled to commence 18 January 1999 at the Mater Adults Hospital. As a result of extensive discussions between CSC Australia, Corporate Information Systems Unit, and Mater Adult's hospital it is proposed that Mater Adult's Hospital will create a temporary test environment on their HBCIS SE 3000 host. This is for the purposes of corporately testing the interface between the Elective Admissions Management Module (EAM) and ORMIS V.5. The complete test environment will encompass the new HBCIS module EAM, the new HBCIS HIC module, ORMIS V.5 and HAS Solution's HL7 server interface.
- Funding has been approved for costs associated with the test period and implementation period. The costs include training of eight Testers in both the EAM product and ORMIS V.5 product and with these same Testers continuing off-line from their sites for a further three weeks. The testers are being provided from Royal Brisbane Hospital, Princess Alexandra Hospital, Mater Adult's Hospital, Gold Coast Hospital and possibly Ipswich Hospital.
- A two-week contingency period has been allowed in the test phase planning. At this time the expected rollout of both EAM and ORMIS V.5 will be during the month of March 1999.

Corporate Reporting

- The recommendations of the Theatre Utilization Working Party were ratified at the meeting of the Clinical Advisory Committee on 8 December 1998.
- A draft report comprising information from reporting hospitals on the Theatre Utilisation Working Party's recommended performance indicators for the period 1 January 1998 to 31 December 1998 will be ready for discussion before the end of January 1999. The performance indicators include:
 - total cases
 - cancellation rates within 24 hours of day of surgery
 - effective theatre utilisation and
 - surgical utilisation.